



TRAFFIC CALMING PROGRAM QUESTIONNAIRE

1. Describe your neighborhood's traffic problems; identify specific hazards and indicate the locations. Be sure to include specific street and intersection names.

2. Who is affected? What neighborhood users are concerned (pedestrians, homeowners, etc.)

3. Please list and describe any of the following characteristics of your neighborhood: heavy use by pedestrians, bicyclists, or other more vulnerable users; substandard streets (lack of sidewalks, narrow streets, tight curves, limited sight distance, etc.); schools (indicate the type of school and the location); and pedestrian generating facilities (parks, elderly housing, shopping areas, etc.).

Please include a list of residents who support these concerns. The first person on the list below will be considered the primary contact person regarding this questionnaire and request to study this street. (Attach additional copies of this sheet, if necessary)

By signing this questionnaire, you are stating that you live adjacent to the road in question and concur with the concerns documented above, thus requesting the City of Asheville to review this area pursuant to the City of Asheville Traffic Calming Policy.

SIGNATURE	PRINT NAME	ADDRESS	PHONE NUMBER

Please return this questionnaire to: City of Asheville
Traffic Engineer
PO Box 7148

Asheville, NC 28802-7148